

FILED FEB 7 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1555

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 157 | | PRIMARY REG. DIST. NO. 5588 | | Registrar's No. 28 | |
| 1. PLACE OF DEATH a. COUNTY Jasper | | | | 2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission). a. STATE Mo b. COUNTY Jasper | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) TOWN Rural (Saratoga) | | c. LENGTH OF STAY (in this place) TOWN Saratoga | | c. CITY (If outside corporate limits, write RURAL and give township) TOWN Saratoga | | 0490 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Home R 7 R | | | | d. STREET ADDRESS (If rural, give location) R 7 R Saratoga Mo | | | |
| 3. NAME OF DECEASED a. (First) Anna | | b. (Middle) Dortha | | c. (Last) Ficker | | 4. DATE OF DEATH (Month) (Day) (Year) Jan 27-51 | |
| 5. SEX female | | 6. COLOR OR RACE wh | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow | | 8. DATE OF BIRTH July 29-1865 | |
| 9. AGE (in years last birthday) 83 | | 10. KIND OF BUSINESS OR INDUSTRY at home | | 11. BIRTHPLACE (State or foreign country) Saratoga Co Mo | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME Wm Kehlenbrink | | 13b. MOTHER'S MAIDEN NAME Augusta Klich | | 14. NAME OF HUSBAND OR WIFE Fred Ficker | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Mrs Benich Matthey Saratoga | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure; asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute dilation of heart ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis & hypertension DUE TO (c) 2 years. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 447X | | | | INTERVAL BETWEEN ONSET AND DEATH few days | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 7-24-1950 to 1-27-1951, that I last saw the deceased alive on 1-23-1951, and that death occurred at 11:45 A.M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) M.D. Wm D. D. Ficker | | | | 23b. ADDRESS Saratoga Mo | | 23c. DATE SIGNED 1-30-51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1-30-51 | | 24c. NAME OF CEMETERY OR CREMATORY Evangelical lmn | | 24d. LOCATION (City, town, or county) (State) States City Mo | |
| DATE REC'D BY LOCAL REG. 2-3-51 | | REGISTRAR'S SIGNATURE J B Clinton, Mo | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jackson & Son 714 Saratoga Mo | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2-6-51

Jasper County Health Office

County File Number 51-1-87

Date Filed 2-6-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

..... Student Embalmer No.
working under my personal supervision.

Signed
Student Embalmer

Signed

Licensed Embalmer No. 3954

P. O. Address Lancaster Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.